

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 236

Primary Registration District No. 5815

Registrar's No. 56

STATE NUMBER 63-025172

FILED JUL 3 1963

1. PLACE OF DEATH

a. COUNTY MORGAN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN RURAL HAWKROCK TWP

Length of stay in 1b
12 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 3 miles North STOVER

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)

a. STATE Missouri

b. COUNTY MORGAN

c. CITY OR TOWN STOVER

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
3 miles North

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

LEEONA

HOWARD

4. DATE OF DEATH

Month

Day

Year

JUNE 26 1963

5. SEX

Female

6. COLOR OR RACE

WHITE

7. Married

Never Married ☒ Divorced ☐

8. DATE OF BIRTH

Nov. 6, 1899

9. AGE (last birthday)

67

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Morgan County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Greenberry Howard

13b. MOTHER'S MAIDEN NAME

MARTHA BROWN

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Elvie Meeks - Stover Mo

18. CAUSE OF DEATH (Enter only one cause of death)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of bladder

INTERVAL BETWEEN ONSET AND DEATH

3 YRS.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

1960

20f. CITY, TOWN, OR LOCATION

June 26/1963

COUNTY

Stover

STATE

Mo

21. I attended the deceased from 12:45 P to June 26/1963 and last saw live on June 24/1963
Death occurred at 12:45 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Jack Gunn MD

22b. ADDRESS

Versailles, Mo.

22c. DATE SIGNED

6.27.63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

June 28, 1963

23c. NAME OF CEMETERY OR CREMATORY

OAK GROVE CEMETERY

23d. LOCATION (City, town, or county)

Morgan County Mo.

(State)

24. FUNERAL DIRECTOR

SCRIVNER-STEVENSON STOVER MO.

ADDRESS

25. DATE RECD. BY LOCAL REG.

7-1-63

26. REGISTRAR'S SIGNATURE

J. L. Orselle

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

JUL 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. Souain

Licensed Embalmer No. 4880

P. O. Address Thomson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.